

# Tobacco Cessation Program

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## Quit to Win



### Training & Conferences

- SRNT Conference 20-24 February, 2002 Savannah, GA <http://www.nrnt.org>
- Fresh Start Facilitator Training 17 March, 2002, Chesapeake, VA at NEHC Conference <http://www-nehc.med.navy.mil>
- Mayo Clinic Nicotine Dependence Seminar May 19-22, 2002 <http://www.mayo.edu/cme/multi.htm>
- TriService Health Promotion Conference Baltimore, MD <http://www-nehc.med.navy.mil/hp>

### Tobacco Metrics

At the May 2001 NEHC and Triservice Health Promotion Conference several presenters spoke about outcomes and tobacco! Dr. David Honeycutt issued the challenge that you are unable to change what is not measured! Dr. Sue Curry said that tracking smokers might be "simple or fancy"... Outcome data is important to assess and to improve the effectiveness and the efficacy of tobacco treatment approaches, and to maintain support for tobacco programming!

In September 1999 a group of National and DoD Tobacco experts met and agreed upon a common military metric for individual and group cessation treatment. The *7-day point prevalence rate* was adopted as the standard DoD outcome measure! This metric involves contacting everyone who began treatment at 6 months post treatment, regardless of whether or not they completed treatment. The person is asked if they have used any tobacco products during the past seven days.

A no means abstinence, while a yes response signifies relapse. The common and standardized outcome measure allows for comparison and analysis of DON and DoD tobacco programs. This information is to be compiled and reported to the Tobacco Program Manager at NEHC at least annually. For additional information on the Seven-day point prevalence rate see the explanation on the NEHC Tobacco page under Tobacco metrics <http://www-nehc.med.navy.mil/hp/tobacco/tools> or contact Mark Long at [longm@nehc.med.navy.mil](mailto:longm@nehc.med.navy.mil).

Additional tobacco metrics may be kept as well! This may include, but not be limited to- number attending and completing treatment, abstinence rates at the end of treatment and at 1, 3 months; facilitator and different program (ACS,ALA) metrics; persons who quit from medical and dental advice and/or counseling; effectiveness of different types of medications; PRIMs/HEAR data; and those who quit on their own. Remember that these outcome measures are helpful for your respective Tobacco & Health Promotion programming!

### Resources

Addressing Tobacco in Managed Care: A Resource Guide for Health Plans [http://www.aahp.org/atmc/ATMC\\_Toolkit.pdf](http://www.aahp.org/atmc/ATMC_Toolkit.pdf)

Foundation for Innovations in Nicotine Dependence (FIND) <http://www.findhelp.com>

Guide to Community Preventive Services Tobacco Use and Control <http://www.thecommunityguide.org/Guide/TOB/Tobacco%20Prevention%20page.htm>



Interagency Committee on Smoking and Health Meeting Summary <http://www.cdc.gov/tobacco/ICSH/summary081401.htm>

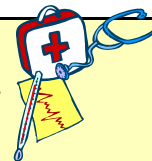
Investing in youth tobacco control: a review of smoking prevention and control strategies. PM Lantz et al in *Tobacco Control* 2000;9:47-63. <http://tc.bmjournals.com/cgi/content/full/9/1/47>

Evaluation of an Educational Intervention for Military Tobacco Users. B.J. Morgan, 2001. *Military Medicine*, 166, 12:1094, 2001.

Great Start Campaign: <http://www.americanlegacy.org>

### Ask the Doc?

*What is the difference between Zyban and Wellbutrin?*



Both Zyban and Wellbutrin are the same drug (bupropion HCl) and is made by Galxo/Smithkline. Wellbutrin was originally marketed as an antidepressant nad has a higher maximum dose (450mg/d) than Zyban(300mg/d). However, side effects are more pronounced with the higher dose. Zyban is equivalent to 150mg of Wellbutrin SR and it is recommended that the SR form be used for maximum tobacco cessation benefit. Some DoD facilities offer the Zyban kit, which provides the patient with educational information and a video to assist with tobacco cessation. There is no cost difference between the Zyban kit and Wellbutrin 150mg SR at NMCS.

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